

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	RSD	5/21/01	
FORMALITY REVIEW	KU	10 19	04-16-01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

Rejected N  
 Allowed I  
 Canceled A  
 Restricted O  
 (Through numeral)

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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